

SENATE BILL REPORT

SB 5484

As Reported by Senate Committee On:
Health & Long-Term Care, February 19, 2009
Ways & Means, March 2, 2009

Title: An act relating to developmental screening for children.

Brief Description: Concerning developmental screening.

Sponsors: Senators Marr, Roach, Keiser, Tom, Hobbs, Kline, Oemig, Franklin, Shin, Kilmer and Kauffman.

Brief History:

Committee Activity: Health & Long-Term Care: 2/16/09, 2/19/09 [DPS-WM, w/oRec].
Ways & Means: 2/27/09, 3/02/09 [DP2S, DNP, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5484 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Fairley, Marr and Murray.

Minority Report: That it be referred without recommendation.

Signed by Senators Pflug, Ranking Minority Member; Becker and Parlette.

Staff: Mich'l Needham (786-7442)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5484 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Tom, Vice Chair, Operating Budget; Fairley, Hobbs, Keiser, Kline, Kohl-Welles, McDermott, Murray, Oemig, Regala and Rockefeller.

Minority Report: Do not pass.

Signed by Senator Zarelli, Ranking Minority Member.

Minority Report: That it be referred without recommendation.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Signed by Senators Brandland, Carrell, Parlette and Schoesler.

Staff: Elaine Deschamps (786-7441)

Background: The Department of Social and Health Services (DSHS) administers the medical assistance programs, including Medicaid and the State Children's Health Insurance Program (SCHIP). Services for children include Early and Periodic Screening, Diagnosis and Treatment (EPSDT) which includes regularly scheduled examinations to identify physical and mental health problems through physician surveillance. If a problem is detected, the diagnosis and treatment must be covered.

Research shows that the most reliable and valid approach to identify children at risk for delays is through a standardized developmental screening tool. A number of standardized screening tools exist and professional medical organizations suggest patient surveillance and screening should happen frequently throughout infancy. The American Academy of Pediatrics recommends formal screening at 9, 18, 24 or 30 months, while the American Academy of Neurology recommends use of the screening tools at each visit.

Summary of Bill (Recommended Second Substitute): DSHS must select developmental screening tools consistent with nationally-accepted pediatric guidelines, develop a recommended schedule for administering the developmental screens, and reimburse pediatricians and family physicians, in addition to psychologists, using the tools effective July 1, 2011. Funding is contingent upon appropriations provided in the 2011-13 budget.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Second Substitute): The definition of provider is clarified to specify family physicians and pediatricians, and funding is contingent upon appropriations provided in the 2011-13 budget.

EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended First Substitute): DSHS may select more than one developmental screening tool.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Health & Long-Term Care):
PRO: The adoption of a development screen is a critical component to identifying developmental delays. The use of surveillance to identify developmental delays typically identifies about 30 percent, but the developmental screening tool more successfully identifies 70-80 percent of developmental delays. The earlier identification is critical for initiating early intervention, which will lead to savings for society. Eighty percent of states' Medicaid programs pay for the use of a development screening tool, and Washington is a step behind

on this. The screen is not the same as the surveillance provided through the EPSDT. We have some concerns with the phrase in the bill that suggests a tool should be selected. There are multiple screening tools that are appropriate and validated for accuracy and quality and we would like the language to allow use of more than one tool.

Persons Testifying (Health & Long-Term Care): PRO: Senator Marr, prime sponsor; Neil Kaneshiro, Washington Chapter of American Academy of Pediatrics; Teresa Mosqueda, Children's Alliance.

Staff Summary of Public Testimony on First Substitute Bill (Ways & Means): PRO: The use of developmental screens as a means of early detection will save money in the long run.

Persons Testifying (Ways & Means): PRO: Laurie Lippold, Washington Academy of Pediatricians; Theresa Mosqueda, Children's Alliance, Health Coalition for Children and Youth.